

HEALTH PLAN	Fallon Direct GIC	Fallon Select GIC	Harvard Pilgrim Independence Plan	Harvard Pilgrim Primary Choice Plan	Health New England	Neighborhood Health Plan Care
PLAN TYPE	HMO	HMO	PPO	HMO	HMO	HMO
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442	1.800.542.1499	1.800.542.1499	1.800.842.4464	1.866.567.9175
WEBSITE	www.fchp.org/gic		www.harvardpilgrim.org/gic		www.hne.com/gic	www.nhp.org/gic
Full Monthly Premium (Individual)	\$483.21	\$615.39	\$686.12	\$548.89	\$481.89	\$465.41
Full Monthly Premium (Family)	\$1,159.70	\$1,476.92	\$1,674.20	\$1,339.36	\$1,194.71	\$1,233.34
Monthly Employee Share (Individual)	\$144.96	\$184.62	\$240.14	\$164.67	\$144.57	\$139.62
Monthly Employee Share (Family)	\$347.91	\$443.08	\$585.97	\$401.81	\$358.41	\$370.00
Monthly Town Share (Individual)	\$338.25	\$430.77	\$445.98	\$384.22	\$337.32	\$325.79
Monthly Town Share (Family)	\$811.79	\$1,033.84	\$1,088.23	\$937.55	\$836.30	\$863.34
Calendar Year Deductible						
Individual	\$250	\$250	\$250	\$250	\$250	\$250
Two person family	\$500	\$500	\$500	\$500	\$500	\$500
Three or more person family	\$750	\$750	\$750	\$750	\$750	\$750
Primary Care Provider Office Visit						
Tier 1 (excellent)	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$15 per visit
Tier 2 (good)	no tiering	no tiering	no tiering	no tiering	no tiering	\$25 per visit
Tier 3 (standard)	no tiering	no tiering	no tiering	no tiering	no tiering	\$35 per visit
Preventive Services	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay
Specialist Physician Office Visit						
Tier 1 (excellent)	\$25 per visit	\$25 per visit	\$20 per visit	\$20 per visit	\$25 per visit	\$25 per visit
Tier 2 (good)	no tiering	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit
Tier 3 (standard)	no tiering	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit
Retail Clinic	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Outpatient Mental Health and Substance Abuse Care	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$25 per visit
Emergency Room Care	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Inpatient Hospital Care – Medical						
Tier 1	\$200 per admission	\$250 per admission	\$250 per admission	\$250 per admission	\$250 per admission	\$250 per admission
Tier 2	no tiering	\$500 per admission	\$500 per admission	\$500 per admission	no tiering	no tiering
Tier 3	no tiering	\$750 per admission	\$750 per admission	no tier 3	no tiering	no tiering
Outpatient Surgery	\$110 per occurrence	\$125 per occurrence	\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence
High-Tech Imaging (e.g. MRI, CT)	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
Prescription Drug Retail: up to a 30-day supply						
Tier 1/2/3	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50
Prescription Drug Mail-order: Maintenance drugs up to a 90-day supply						
Tier 1/2/3	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110

The Town will issue enrollees a flex spending card with \$250 per individual with a maximum of \$750 per family each fiscal year to offset the deductibles.

The Town will reimburse all copayments for inpatient hospital care, outpatient surgeries and high-tech imaging scans.

HEALTH PLAN	Tufts Health Plan Navigator	Tufts Health Plan Spirit	Unicare State Indemnity Plan/Basic with CIC	Unicare State Indemnity Plan/Basic without CIC	Unicare State Indemnity Plan Community Choice	Unicare State Indemnity Plan Plus
PLAN TYPE	PPO	EPO (HMO-type)	Indemnity	Indemnity	PPO-Type	Indemnity
TELEPHONE NUMBER	1.800.870.9488	1.800.870.9488	1.800.422.9300	1.800.422.9300	1.800.422.9300	1.800.422.9300
WEBSITE	www.tuftshealthplan.com/gic		www.unicarestatplan.com			
Full Monthly Premium (Individual)	\$619.87	\$500.37	\$936.24	\$936.24	\$456.68	\$656.90
Full Monthly Premium (Family)	\$1,497.60	\$1,206.01	\$2,185.22	\$2,185.22	\$1,095.99	\$1,567.99
Monthly Employee Share (Individual)	\$216.95	\$150.11	\$421.31	\$402.22	\$159.84	\$229.92
Monthly Employee Share (Family)	\$524.16	\$361.80	\$983.35	\$939.08	\$383.60	\$548.69
Monthly Town Share (Individual)	\$402.92	\$350.26	\$514.93	\$534.02	\$296.84	\$426.98
Monthly Town Share (Family)	\$973.44	\$844.21	\$1,201.87	\$1,246.14	\$712.39	\$1,019.30
Calendar Year Deductible						
Individual	\$250	\$250	\$250	\$250	\$250	\$250
Two person family	\$500	\$500	\$500	\$500	\$500	\$500
Three or more person family	\$750	\$750	\$750	\$750	\$750	\$750
Primary Care Provider Office Visit						
Tier 1 (excellent)	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Tier 2 (good)	no tiering	no tiering	no tiering	no tiering	no tiering	no tiering
Tier 3 (standard)	no tiering	no tiering	no tiering	no tiering	no tiering	no tiering
Preventive Services	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay	Most covered at 100%; no copay
Specialist Physician Office Visit						
Tier 1 (excellent)	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
Tier 2 (good)	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit	\$35 per visit
Tier 3 (standard)	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit
Retail Clinic	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Outpatient Mental Health and Substance Abuse Care	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Emergency Room Care	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Inpatient Hospital Care – Medical						
Tier 1	\$300 per admission	\$300 per admission	\$200 per admission	\$200 per admission	\$250 per admission	\$250 per admission
Tier 2	\$700 per admission	\$700 per admission	no tiering	no tiering	no tiering	\$500 per admission
Tier 3	no tier 3	no tier 3	no tiering	no tiering	no tiering	\$750 per admission
Outpatient Surgery	\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence	\$110 per occurrence	Tier 1 & 2: \$110 per occurrence; Tier 3: \$250 per occurrence
High-Tech Imaging (e.g. MRI, CT)	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
Prescription Drug Retail: up to a 30-day supply						
Tier 1/2/3	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50
Prescription Drug Mail-order: Maintenance						
Tier 1/2/3	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110	\$20/\$50/\$110

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